

NOV 21 2005

PABST PATENT GROUP



Pabst Patent Group LLP
400 Colony Square, Suite
1200
1201 Peachtree Street
Atlanta, GA 30361
Telephone (404) 879-2150
Telefax (404) 879-2160
information@pabstpatent.com
www.pabstpatent.com

TELEFAX

Date: November 21, 2005

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To: USPTO

Telephone:

Telefax: 571-273-8300

From: Patrea Pabst

Telephone: 404-879-2151

Telefax: 404-879-2160

Our Docket No. ICI 103

Client/Matter No. 078230-00030

Your Docket No.

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Hans Josef Stauss and Persis Jal Amrolia

Serial No.: 10/003,983

Art Unit: 1644

Filed: October 31, 2001

Examiner: Marianne Dibrino

For: *IMMUNOTHERAPEUTIC METHODS AND MOLECULES***Attachments:**

Transmittal Form PTO/SB/21;

Fee Transmittal Form PTO/SB/17;

Petition for Extension of Time Form PTO/SB/22; and

Amendment and Response

{45061250.1}

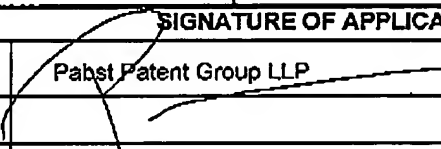
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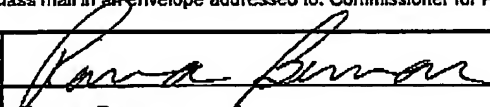
PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/003,983
	Filing Date	October 31, 2001
	First Named Inventor	Hans Josef Stauss
	Art Unit	1644
	Examiner Name	Marianne DiBrino
Total Number of Pages in This Submission	Attorney Docket Number	ICI 103

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Results from Epitope Prediction Website</i>
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Pabst Patent Group LLP	
Signature		
Printed name	Patrea L. Pabst	
Date	November 21, 2005	Reg. No. 31,284

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Ronna Berman	Date November 21, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1,020.00)**Complete if Known**

Application Number	10/003,983
Filing Date	October 31, 2001
First Named Inventor	Hans Josef Stauss
Examiner Name	Marianne DiBrino
Art Unit	1644
Attorney Docket No.	ICI 103

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 40 - 41 or HP = 0 x 0.00 = 0.00

Extra Claims Fee (\$) **Fee Paid (\$)** **Multiple Dependent Claims** Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 7 - 21 or HP = 0 x 0.00 = 0.00

Extra Claims Fee (\$) **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$136 fee (no small entity discount)

Other: Fee for 3 Month Extension of Time

Fees Paid (\$)

\$1,020.00

SUBMITTED BY

Signature	Registration No. 31,284	Telephone (404) 879-2151
Name (Print/Type) Patrea L. Pabst	(Attorney/Agent)	Date November 2, 2005

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